

REC'D AUG 11 1938

 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

 24774  
 Do not use this space.

## 1. PLACE OF DEATH

 (a) County Buchanan Registration District No. 85  
 (b) Township St. Joseph Primary Registration District No. 1001 Registered No. 735  
 (c) City St. Joseph (d) Street No. St. Mary Power House Building Station No. 4  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 28 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Homer B. Gossett  
 (a) Residence, No. 1017 No. 4 St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Wht</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mr. Edna Gossett</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 30 1881</u>		
7. AGE YEARS <u>56</u>	MONTHS <u>6</u>	DAYS <u>14</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Pump operator</u>		11. Total time (years) spent in this occupation <u>25</u>
9. Industry or business in which work was done, as saw mill, bank, etc. <u>operator</u>		
10. Date deceased last worked at this occupation (month and year) <u>July 14 1938</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Princeton Mo.</u>		
FATHER	13. NAME <u>James Gossett</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Mary Brown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
17. INFORMANT <u>Mr. Edna Gossett</u> (ADDRESS) <u>St. Joseph Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Anthony</u> DATE <u>July 18 1938</u>		
19. FUNERAL DIRECTOR <u>St. Joseph Funeral Home</u> (ADDRESS) <u>St. Joseph Mo.</u>		
20. FILED <u>July 17 1938</u> <u>St. Joseph</u> Local Registrar.		

## MEDICAL CERTIFICATE OF DEATH

 21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14 1938  
 22. I HEREBY CERTIFY, That I attended deceased from viewed the body to July 17 1938, 19...  
 I last saw him live on July 17 1938 Death is said to have occurred on the date stated above, at 6:30 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Acute myocarditis? Date of onset 930  
 Other contributory causes of importance:  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis?  Was there an autopsy? no  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19...  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) Leroy Becklund  
 (Address) King Hill Rd. St. Joseph Mo.

*Dr. Ludlow*

**STATEMENT BY LICENSED EMBALMER**

I, *Theron O Smith* ..... Licensed Embalmer No. *3928*

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E. ....

No. *3928* ..... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed *Theron O Smith* .....

Licensed Embalmer No. *3928*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**